The nursing workforce: Past trends, future developments

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The number of nurses has increased since 2000 in nearly all OECD countries.

From 8.3 million in 2000 up to 10.8 million in 2013

Source: OECD Health at a Glance 2015
The increase in the number of nurses means that the inflows exceed the outflows.
Most OECD countries have increased student intakes in nursing education programmes...

Student intake in nursing education (Index: Baseline year = 100)

Australia

Belgium

Canada

Finland

Source: OECD (2016)
... with the exception of the UK (England) where the numbers were going down until recently

Student intake (or graduate) in nursing education (Index: Baseline year = 100)

**United Kingdom (England)**

**United States**

Source:
- UK: Health Education England and Department of Health.
Greater domestic training efforts generally associated with fewer recruitment abroad

... Unless there is a sudden big increase in the demand for nurses

Main origin countries of foreign-born nurses working in OECD countries in 2010/11:

- Philippines
- India

followed by

- UK
- Germany

Source: OECD (2015), International Migration Outlook
The number of Filipino nurses migrating to the US and the UK has plummeted

Annual flow of nurses trained in the Philippines who migrated to the US and the UK

Source: OECD (2016)
EU countries are now the main origin of foreign-trained nurses in the UK.

Main countries of training of foreign-trained nurses

United Kingdom, 2014

- Philippines: 26%
- India: 19%
- South Africa: 4%
- Nigeria: 4%
- Other Africa: 8%
- Other: 10%
- EU countries: 29%
- Spain: 6%
- Portugal: 5%
- Romania: 5%
- Poland: 3%
- Other EU: 10%

Source: OECD Health at a Glance 2015
All countries need to make a more efficient use of the skills of nurses

A large proportion of nurses report being over-skilled for some of the work they do... and this is particularly the case for higher-educated nurses.

**Reported over-skilling, 2011-12**

Skills mismatch by level of education

Multinomial logistic regression, odds ratios

- Lower than bachelor’s degree
- Bachelor or equivalent
- Master or equivalent

Overskilled

Source: OECD 2011-12 PIAAC Survey (all 23 participating countries)
• More advanced roles
• More support from lower-skilled “nursing associates”
• Train in competences, not in position
Movement towards advanced practice nursing

➢ Began with Nurse Practitioners (NPs) in the U.S. and Canada in the mid-1960s

➢ Expanded greatly to many other categories of nurses:
  ▪ (Advanced) Nurse Practitioner
  ▪ Clinical Nurse Specialist
  ▪ Expert Nurse
  ▪ Certified Registered Nurse Practitioner
  ▪ Nurse Consultant
  ▪ Primary Healthcare Nurse
  ▪ Etc.

NP role now exists in over 50 countries
Nurse practitioners could grow more

<table>
<thead>
<tr>
<th>Country</th>
<th>Category</th>
<th>Year</th>
<th>Number</th>
<th>% of all RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>Nurse Practitioners</td>
<td>2010</td>
<td>400</td>
<td>0.2%</td>
</tr>
<tr>
<td>Canada</td>
<td>Nurse Practitioners</td>
<td>2013</td>
<td>3 477 (up from 825 in 2005)</td>
<td>1.4%</td>
</tr>
<tr>
<td>Ireland</td>
<td>Advanced Nurse Practitioners</td>
<td>2009</td>
<td>121 (incl. midwives)</td>
<td>0.2%</td>
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<tr>
<td>England</td>
<td>Advanced Nurse Practitioners</td>
<td>?</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td></td>
<td>Nurse Consultants</td>
<td>2009</td>
<td>971</td>
<td>0.2%</td>
</tr>
<tr>
<td>United States</td>
<td>Nurse Practitioners</td>
<td>2012</td>
<td>132 368</td>
<td>4.7%</td>
</tr>
</tbody>
</table>
Positive impacts of NPs on access and quality of care

- **Access:** NPs can improve access to services and reduce waiting times

- **Quality:** NPs can deliver same quality of care as doctors for a range of services (first contact for people with minor illness, routine follow-up of patients with chronic conditions, patient education/counselling)

- **Patient satisfaction:** At least equal, if not higher (because of quicker access and longer consultations)
1. Standardising the definition of APN roles
2. Improving educational curriculum for APNs, while respecting each country’s unique cultural and political context
3. Increasing access to primary and preventive health care services by removing barriers that prevent APNs from practicing to the full extent of their education and training
4. Reforming healthcare funding mechanisms to allow for APN-based practice models
5. Continuing the collection of data and sharing of information on APN quality and outcomes in a variety of countries/settings.

Supporting nurses with health care assistants ("nursing associates/aids")

- Proper skill mix can help reduce training cost and time and allow nurses to work at their full scope of practice

Source: OECD Health Statistics 2015
Some general reflections

• Nurses are the most numerous category of health care providers in most countries
• Functions and responsibilities need to evolve to better respond to population health needs, demand for greater teamwork:
  • Remove barriers to effective use of skills: barriers for more advanced practice nurses so that they can work at their full scope of practice
  • Support nurses with lower-skilled/health care assistants so that nurses don’t do tasks for which they are over-qualified
• Countries need to train sufficient number of nurses to respond to need, without unduly relying on training efforts of other countries
• Lower-income countries may need support to increase their training capacity
• Training decisions need to based on more robust data and health workforce planning models